

Dear Applicant:

Thank you for your interest in becoming a California Licensed Clinical Social Worker. Included in this packet are:

1. Instructions for Completing the Application
2. Applicant Live Scan Information
3. Application for State License as a Licensed Clinical Social Worker
4. Clinical Social Worker Experience Verification form
5. Clinical Social Worker Verification of Licensure or Registration in Another State form
6. Examination Confidentiality Agreement
7. Photographs Form
8. Personal Data Card

BOARD OF BEHAVIORAL SCIENCES

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR STATE LICENSE AS A LICENSED CLINICAL SOCIAL WORKER

Submit a completed application to: Board of Behavioral Sciences
400 R Street, Suite 3150
Sacramento, CA 95814-6240

Please review this checklist to ensure that all required original documents are furnished to the Board. (Please retain a copy of all documents submitted to the Board.) **All items are mandatory.** Failure to provide any of the requested information may result in the application being rejected as incomplete.

- ☐ APPLICATION: Complete all sections, giving specific dates where requested. The application **must** be signed and all fees **must** be included.
- ☐ TWO PHOTOGRAPHS: Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. Both photographs must be of passport quality of your head and shoulders **only**. Both photographs should be affixed to the enclosed Photographs Form.
- ☐ PERSONAL DATA CARD: Please type or print legibly. The address you enter on this card is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address
- ☐ EXAMINATION CONFIDENTIALITY AGREEMENT: The agreement **must** be completed and signed. Failure to complete the agreement may affect your examination eligibility.
- ☐ FEE:
 - a. Submit a \$200.00 check or money order made payable to the Behavioral Sciences Fund. The \$200.00 fee consists of a \$100.00 application fee and a \$100.00 written examination fee. The application fee is an earned fee for evaluation of your application and is **NOT REFUNDABLE**.
 - b. Once you successfully pass the written examination, you will be required to complete an application for oral examination and submit it with a \$200.00 fee.
 - c. Once you successfully pass the oral examination, you will be required to submit a Request for Initial License with a fee. This fee will be prorated and established according to the month of issuance (month fee is received by the Board) and expiration date (applicant's birth month) of the license.
- ☐ VERIFICATION OF EDUCATION & REQUIRED TRAINING: Out-of-State applicants must submit an official transcript verifying receipt of a master's degree from an accredited school of social work. Official transcripts must be received by the Board in a SEALED ENVELOPE with your application.
 - a. Child Abuse Assessment and Reporting (Section 1807.2 of Title 16, California Code of Regulations) - 7 contact hours.
 - b. Human Sexuality (Section 1807 of Title 16, California Code of Regulations)- 10 contact hours.
 - c. Alcoholism and Chemical Substance Dependency (Section 4996.2(e) of the Business and Professions Code; Section 1810 of Title 16, California Code of Regulations)- 1 semester unit of not less than 15 contact hours.
 - d. Spousal or Partner Abuse Assessment, Detection, and Intervention (Section 4996.2(f) of the Business and Professions Code). **PLEASE NOTE: THE NUMBER OF HOURS OR UNITS IS NOT SPECIFIED FOR THIS COURSEWORK. This coursework is required for those students who begin graduate training in California on or after January 1, 1995 and all out of state applicants regardless of when graduate training was begun.**

ALL TRAINING VERIFICATIONS SHOULD BE INCLUDED WITH YOUR APPLICATION unless the training is identified on your transcripts previously submitted for associate registration. You are not required to resubmit official transcripts.

- ☐ TRANSCRIPTS: Transcripts need to be submitted for all applicants who have never registered with the Board as an Associate.

☐ **EXPERIENCE VERIFICATION FORMS:** Experience verification form(s) are certified statement(s) verifying at least **two years** (24 months) of supervised experience. The experience verification form may be reproduced if additional forms are needed. The forms must have the original signature of the verifying party.

- a. If your supervisor was employed on a voluntary basis or paid by you, submit contract as required by Business and Professions Code sections 4996.20(d) and 4996.21(e).
- b. If claiming hours of experience in a nonprofit and charitable corporation, attach a 501(c)(3) tax-exempt letter from the IRS (Not Franchise Tax Board). For tax exempt letters that do not clearly identify the employer (as indicated on the experience verification form) as being granted this tax-exempt status, the supervisor will be required to submit a letter of explanation.
- c. If claiming hours of experience in a licensed health facility, attach a copy of their license issued by the Department of Health Services, Department of Social Services, or Department of Alcohol and Drug Programs as defined by the Health and Safety Code Sections 1250, 1250.2, 1250.3, 1502, 1760.2, and 11834.02.
- d. If your supervisor was employed on a voluntary basis, attach a copy of the written agreement as required by Business and Professions Code Section 4996.20(d) and 4996.21(e).
- e. If you were employed on a paid basis, you must submit copies of your W-2's for each year you are claiming experience. If W-2's are not available for this current year, attach a copy of a current pay stub. If your W-2 statement does not match the name of your employer as stated on the experience verification form, an explanation is required.
- f. If you were not paid, attach a copy of the required agreement.

☐ **VERIFICATION OF LICENSURE IN ANOTHER STATE FORM(S), IF APPLICABLE:** Include certified statement(s) from each state where you or your supervisor hold or have held a license to practice Social Work. This form may be reproduced if additional forms are needed.

☐ **DOCUMENTS OR LETTERS EXPLAINING PRIOR CONVICTION(S) OR DISCIPLINARY ACTION(S) AND ATTESTING TO YOUR REHABILITATION, IF APPLICABLE:** Please refer to the REPORTING PRIOR CONVICTION(S) or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.

I. INFORMATION:

1. GENERAL:

All applicants are advised that any or all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**

2. EXAMINATION:

Applicants will be sent notice of eligibility for examination or notice of application deficiency within 60 days following the Board's receipt of a completed application. Written examinations contain objective multiple-choice questions and are given in various locations throughout California. It is the responsibility of the applicant to call the test administrator and arrange time and place to take the examination. (*Further information regarding the written examination is provided in the LCSW written exam Candidate Handbook, which applicants receive as their "Notice of Eligibility".*)

Applicants who passed the AASSWB clinical level written examination prior to March 31, 1999 and no more than 7 years ago, may request exemption from passing the California written examination. Acceptable verification of passing the AASSWB examination is a "Duplicate AASSWB Score Report". Information on obtaining a duplicate score report may be obtained by calling AASSWB at (888)579-3926. The request for exemption should accompany the application for state license.

If you have taken and passed the above listed examination, you are still required to submit the \$100.00 written examination fee with your application. **DO NOT SUBMIT THE \$200.00 ORAL EXAMINATION FEE AT THIS TIME.** We must first verify that you do not need to participate in the written examination. Once this has been verified, you will be sent notification that the written examination has been accepted along with an application to take the oral examination that you will return along with an additional \$100.00. (The \$100.00 written examination fee you submitted with your application will be applied towards your oral examination fee.) The post-marked date of the oral application will determine which exam cycle you will be

scheduled for.

3. ADDRESS and CHANGE OF ADDRESS:

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses. **CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.**

4. ABANDONMENT OF LICENSURE APPLICATION:

Title 16, California Code of Regulations Section 1806 provides, in part, that an application shall be deemed abandoned if the applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter; or the applicant fails to sit for examination within one (1) year after being notified of eligibility. An application submitted subsequent to the abandonment of a prior application shall be treated as a new application.

5. LAWS AND REGULATIONS:

IT IS YOUR RESPONSIBILITY TO KEEP INFORMED OF THE LAWS AND REGULATIONS WHICH GOVERN THE CLINICAL SOCIAL WORK PROFESSION. To obtain a copy of the *Laws and Regulations*, please submit a written request and a self-addressed label to the Board (type or print clearly your name and address on the label as it will be used to mail the publication to you), or you may download the information from our internet website.

6. DUPLICATION OF BOARD FORMS:

Applicants are granted permission to reproduce any form provided by the Board. **However, only those forms having original signatures will be accepted as part of any application.**

7. DISABLED APPLICANTS:

Pursuant to Title II of the Americans with Disabilities Act, the Board will provide reasonable, appropriate and effective accommodations, including auxiliary aids to qualified examination candidates with disabilities. However, the Board will not provide an accommodation which fundamentally alters the measurement of the skills or knowledge the examination is intended to test. All examination sites will be physically accessible to individuals with disabilities.

A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual or a record of such an impairment or having been regarded as having such an impairment. "Major life activities" include walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, and performing manual tasks. Mental impairment includes any mental or psychological disorder such as organic brain syndrome, emotional or mental illness, and specific learning disabilities.

A candidate who seeks a special accommodation has the responsibility to make the request and provide reasonable documentation of the need for accommodation at the time of submission of the application and/or by the application deadline established for all applicants, if any. The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. The Board will evaluate each request individually, in accordance with the guidelines approved by the Board, in order to provide a reasonable, appropriate, and effective accommodation.

Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the form prescribed by the Board. If you wish to submit a request for accommodation, please contact the Board and request an Accommodation for Disability package. If a candidate has previously received from the Board the same or similar accommodation for one or more administrations of the examination at issue, then the candidate may submit a signed statement under penalty of perjury that the disabling condition has not changed in any way that would modify the accommodation that was previously provided.

The request for accommodation of disabilities form and the professional evaluation and documentation of the disability form must be received with the application in order to be considered. Accommodations will not be provided at the examination site unless prior approval by the board has been granted. Failure to provide the required documentation will result in denial of the request.

8. **NON-SATURDAY EXAMINATIONS:**

Special non-Saturday examinations will be arranged for candidates who have presented satisfactory evidence to the Board that their religious convictions prevent them from taking the examination on Saturday. A letter from the candidate's religious advisor on that advisor's letterhead will serve as satisfactory evidence. The letter from the candidate's religious advisor must be received with the application in order to be considered.

II. REPORTING PRIOR CONVICTION(S):

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the Board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- (a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- (c) The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- (d) The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- (e) Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have been convicted of a misdemeanor or felony (*including any convictions dismissed under Section 1203.4 of the Penal Code*):

- ☐ 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.
- ☐ 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation, or parole officers on official letterhead.
- ☐ 4. You must disclose **all** convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

III. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- ☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- ☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for

licensure. The evidence of rehabilitation may include, but is not limited to:

- a. Proof of completion of probation if it was required.
- b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

- ☐ 4. You must disclose **all** disciplines against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

NOTE: *Failure to provide the above information with your application may result in a delay in determining your eligibility.*

**BOARD OF BEHAVIORAL SCIENCES**

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814

TELEPHONE: (916) 445-4933 TDD: (916) 322-1700

WEBSITE ADDRESS: <http://www.bbs.ca.gov>

APPLICANT LIVE SCAN

The Board of Behavioral Sciences now utilizes Applicant Live Scan for its fingerprinting services. This service will enable the Board to process applications more efficiently by reducing response times from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). As a result, your application packet does not contain a fingerprint card and you are to disregard the information contained in the instructions relating to fingerprint card submission. **Do not submit fingerprint fees to the Board.** Submit application and/or examination fees only.

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION:

1. **Forms & Instructions:** A Request for Live Scan Service – *Applicant Submission* form [BCII 8016 (10-98)] and the instructions on how to complete the form will be mailed to you once your application for registration or licensure has been received.
2. **Live Scan Services:** A list of the locations and business hours for the sites that offer Live Scan services is available at <http://caag.state.ca.us/app/livescan.htm>, or you may contact your local Police Department, Sheriff Department, or school district. You are strongly encouraged to call the Live Scan service site to determine if an appointment for fingerprinting is required.
3. **Payment:** The live scan agency will collect the fingerprint processing fees directly from the applicant. The processing fee for DOJ is \$32.00, and for FBI \$24.00. Please check with the Live Scan service site to determine additional fees charged for “rolling” prints and/or administrative processing. **DO NOT** submit fingerprint processing fees to the Board. **ALL APPLICANTS MUST HAVE THEIR FINGERPRINTS PROCESSED THROUGH DOJ AND FBI.**
4. **Issuance of Registration or License:** Registrations and licenses will only be issued if there is a clearance of the fingerprint requirement. This means the fingerprint result provided by DOJ and/or FBI indicated no criminal conviction(s), or the criminal conviction(s) provided to the Board has been evaluated and cleared by appropriate Board staff.
5. **Fingerprint Processing Timeframe:** The response time for Live Scan processing through DOJ is approximately 3 days, and FBI is approximately 7-15 days, for those with “no record.” Expect delayed processing times for those with a “criminal history.”

If you have any questions, you may contact the Board at (916) 445-4933.

BOARD OF BEHAVIORAL SCIENCES

(4/02)

**APPLICATION FOR STATE LICENSE AS A
LICENSED CLINICAL SOCIAL WORKER**

1800 37A-200 (REV. 2/99)

400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240

TELEPHONE: (916)445-4933 TDD: (916)322-1700

WEBSITE ADDRESS: <http://www.bbs.ca.gov>

APPROPRIATE FEE MUST ACCOMPANY THIS FORM
Make check payable to - Behavioral Sciences Fund

For Office Use Only:

Cashiering No. _____

FP Card Rec'd. ☐ YES ☐ NOConviction ☐ YES ☐ NODisciplinary Action ☐ YES ☐ NO*(Please type or print clearly in ink)*

1. NAME: Last First Middle

Maiden name and any other AKA

2. ADDRESS OF RECORD:* Number and Street

City State Zip Code

3. BUSINESS TELEPHONE:

4. RESIDENCE TELEPHONE:

5. BIRTH DATE: mo/day/yr

6. SOCIAL SECURITY NUMBER:**

7. SEX:

8. EDUCATION: *(Qualifying Degree)*

9. NAME OF SCHOOL, COLLEGE OR UNIVERSITY:

10. CHILD ABUSE ASSESSMENT AND REPORTING TRAINING: *(Submit documentation verifying completion.)*

NAME OF INSTITUTION	TITLE OF PROGRAM	DATE(S) ATTENDED	TOTAL CLOCK HOURS

11. HUMAN SEXUALITY TRAINING: *(Submit documentation verifying completion.)*

NAME OF INSTITUTION	TITLE OF PROGRAM	DATE(S) ATTENDED	TOTAL CLOCK HOURS

12. ALCOHOLISM AND OTHER CHEMICAL DEPENDENCY: *(Submit documentation verifying completion.)*

NAME OF INSTITUTION	TITLE OF PROGRAM	DATE(S) ATTENDED	TOTAL HRS	# OF UNITS

13. SPOUSAL OR PARTNER ABUSE ASSESSMENT, DETECTION AND INTERVENTION: *(Submit documentation verifying completion.)*

NAME OF INSTITUTION	TITLE OF PROGRAM	DATE(S) ATTENDED

*The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.

**Disclosure of your social security number (or federal employer identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

14. HAVE YOU BEEN LICENSED TO PRACTICE CLINICAL SOCIAL WORK IN ANOTHER STATE OR FOREIGN COUNTRY?
.....**YES** ☐ **NO** ☐

If YES, complete the following: (Submit verification of licensure in another state for each state listed.)

STATE/COUNTRY	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

15. HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, or HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY? **YES** ☐ **NO** ☐

If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.

16. HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY?
(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of \$500 or less was imposed.) **YES** ☐ **NO** ☐

If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet with all the criteria stated therein and the information submitted on this form is true and correct. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

Date

Signature of Applicant

Use a separate form for each person verifying hours of supervised experience in a clinical setting for licensure as a clinical social worker and for each employment setting. **No erasures or corrections may be made. If any error has been made, complete a new form. Make certain that the form is complete and correct.** Experience verification forms are to be submitted by the applicant with his or her application for licensure. **The address you enter on this form is public information, and will be released to the public.*

BBS File #: _____

ASSOCIATE #: _____

I. APPLICANT: (Please type or print clearly in ink.)

1. NAME:	Last	First	Middle
2. *ADDRESS OF RECORD:	Number and Street		
City		State	Zip Code
3. BUSINESS TELEPHONE:	4. RESIDENCE TELEPHONE:		

II. SUPERVISOR: (Please type or print clearly in ink.)

1. NAME:	Last	First	Middle
2. ADDRESS:	Number and Street		
City		State	Zip Code
3. BUSINESS TELEPHONE:			
4. NAME OF APPLICANT'S EMPLOYER:			
5. ADDRESS:	Number and Street		
City		State	Zip Code
6. BUSINESS TELEPHONE:			
7. EMPLOYMENT SETTING:			
a. Private practice <input type="checkbox"/>			
b. Governmental entity <input type="checkbox"/>			
c. Nonprofit and charitable corporation (Attach copy of 501(c)(3) tax exempt letter from IRS) <input type="checkbox"/>			
d. School, College, or University <input type="checkbox"/>			
e. Licensed Health Facility as defined by Health and Safety Code Sections 1250, 1250.2, 1250.3, social rehabilitation facility or community treatment facility 1502(a), pediatric day health and respite care facility 1706.2, and a licensed alcoholism or drug abuse recovery or treatment facility 11834.02. (Attach copy of their license) <input type="checkbox"/>			
8. As the supervisor I provided supervision on a:			
<input type="checkbox"/> Self-employed basis in a private practice.			
<input type="checkbox"/> Paid basis by employer			
<input type="checkbox"/> Voluntary basis or paid by supervisee Attach the original written agreement between you and the applicant's employer required by Business and Professions Code, Section 4996.20(d) and 4996.21(e).			
9. Was the applicant receiving pay for the employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
• If Yes, attach a copy of the applicant's W -2 statement for each year experience is claimed. For the current year in which a W -2 has not been issued, submit a copy of a current paystub.			
• If No, attach a copy of agreement regarding the applicant's employment status. If no agreement was signed have the employer provide a statement indicating the applicant was a volunteer during the period for which he or she is claiming experience.			

II. SUPERVISOR: (Continued)

Applicant's Name: _____ BBS File Number: _____

10. Dates the experience is being claimed:
From _____ To _____
Mo Day Yr Mo Day Yr

11. Total number of hours of experience: Total: _____
a. Total number of individual supervision hours: a. _____
b. Total number of group supervision hours: b. _____
c. Total number of hours worked per week: c. _____
d. Total number of supervised weeks worked: d. _____
(Minimum 104 weeks)
*e. Total number of hours in psychosocial diagnosis, assessment, and treatment, including psychotherapy and counseling: (Minimum 2,000) e. _____
**ee. Total number of face-to-face individual or group psychotherapy: ee. _____
(Minimum 750 & needs 10:1 ratio supervision)
*f. Total number of hours in client-centered advocacy, consultation, evaluation, and research: (Maximum 1,200) f. _____

12. *One hour of individual or two hours of group supervision was given for every 10 hours of client contact? ☐ YES ☐ NO

13. SUPERVISOR:

Type of License License Number State of License Date Originally Licensed
If M.D., were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? Yes ☐ No ☐ Date Board Certified: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

Date Signature

This form may be reproduced.

*NOTE: This applies only to those who submitted their associate application on or after January 1, 1999 (B & P 4996.21).

** NOTE: This applies only to those who submitted their associate application on or after January 1, 2002 (B & P 4996.23).

**CLINICAL SOCIAL WORKER VERIFICATION OF
LICENSURE/REGISTRATION/CERTIFICATION
IN ANOTHER STATE**

1800 37A-526 (REV. 11/02)

(Please type or print)

California Applicant's Name: _____ **Verification For:** ☐ myself ☐ my supervisor**Applicant's SSN:** _____**Complete this section authorizing release of information by another state licensing program. Mail this form and any necessary fees to that licensing agency.**

Name of Individual to be Verified: _____ License/Reg./Cert. No. _____

I hereby authorize the release of information to the California Board of Behavioral Sciences._____
Signature_____
Date**To be completed by the state in which the above individual is licensed, registered, or certified:**1. The above individual is ☐ licensed ☐ registered ☐ certified as a (title) _____
in the state of _____

2. The name of the licensee/registrant/certified individual, as shown in your records:

3. The license/registration/certificate is: ☐ current ☐ temporary ☐ canceled ☐ lapsed
Issue date: _____ Expiration date: _____Any complaints or disciplinary actions? ☐ Yes ☐ No (If Yes, attach an explanation).

4. At the time of licensure/registration/certification this individual met the following requirements:

Required Education: Degree _____

Accredited by the Council on Social Worker education? _____

Experience Submitted: Number of years _____

Number of direct client contact hours _____

Total hours of experience _____

Number of direct supervisor contact hours per week _____

Supervisor credentials required _____

Required Examination: ☐ Yes ☐ No. If yes, list examination(s), type, and title __________
Signature of Person Completing Form and Official Title_____
Date_____
Printed or Typed Name and Title_____
Agency/Organization Name_____
Address

Affix Board

Seal Here

Please return form to:Board of Behavioral Sciences
400 R Street, Suite 3150
Sacramento, CA 95814-6240

An applicant taking an examination for licensure as a Licensed Clinical Social Worker, Marriage and Family Therapist, or Licensed Educational Psychologist is required to follow the provisions of California Business and Professions Code sections 123 and 584, and is **NOT ALLOWED TO DO ANY OF THE FOLLOWING:**

1. Have an impersonator take the examination on one's behalf;
2. Impersonate another to take the examination on that person's behalf;
3. Communicate examination content with another examinee or with any person other than the examination staff;
4. Reproduce or make notes of examination materials and/or content and reveal them to others who are preparing to take the examination, or to those who are preparing other candidates to take the examination; and,
5. Obstruct the administration of the examination in any way.

Violation of any of the above rules or verbal directives of the test administrators, oral examiners, or examination staff will disqualify the candidate from the examination. The Board of Behavioral Sciences may also initiate administrative action to deny issuance of a license, and the candidate may incur liability for the actual damages sustained by the board, not to exceed ten thousand dollars (\$10,000.00), and the costs of litigation.

COMPLETE THIS SECTION

I have read and fully understand the above requirements, and I affix my signature to signify compliance to said rules and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.

LICENSE APPLICATION TYPE LCSW ☐ MFT ☐ LEP ☐

CANDIDATE'S NAME (print) _____

BBS FILE NO. _____ DATE OF BIRTH _____

CANDIDATE'S SIGNATURE _____ DATE _____

Complete and submit this form. Please type or print clearly in ink. Attach the photograph(s) to the spot(s) indicated below.

TYPE OF APPLICATION FILING:

- a. Registration as an Associate Clinical Social Worker ☐
- b. Registration as a Marriage and Family Therapist Intern ☐
- c. State License as a Licensed Clinical Social Worker ☐
- d. State License as a Marriage and Family Therapist ☐
- e. State License as an Educational Psychologist ☐

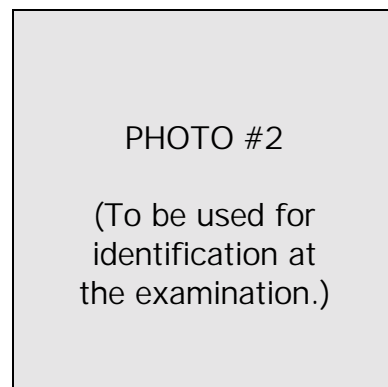
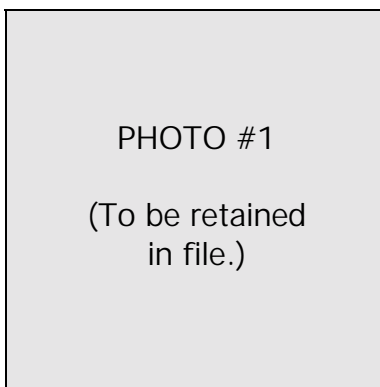
NAME (as it appears on license or registration)		SOCIAL SECURITY NUMBER	
ADDRESS:	NUMBER AND STREET	CITY	STATE
		ZIP CODE	
BUSINESS TELEPHONE		RESIDENCE TELEPHONE	

PHOTOGRAPH(S):

If Item 1a or 1b is checked above, then attach **ONE** 2" x 2" photograph taken within the last 60 days.

If Item 1c, 1d, or 1e is checked above, then attach **TWO** 2" x 2" photographs taken within the last 60 days.

(Head and Shoulders Only)



I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature of Applicant

Receipt No.	Regis. No.	TYPE OR PRINT
		NAME _____ (LAST) (FIRST) (MIDDLE)
		ADDRESS _____ _____
		(CITY) (STATE) (ZIP)
Date Received	Oral Examination Site Preference: () Northern CA () Southern CA	
	SOCIAL SECURITY #:	
	DATE OF BIRTH:	
	PERSONAL DATA CARD STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS BOARD OF BEHAVIORAL SCIENCES THIS CARD <u>MUST</u> ACCOMPANY YOUR <u>APPLICATION</u>	
Form 37M-400 (Rev. 2/90)		